



# AALAS Membership Application: Global Partner

Annual dues payment of \$400 is required to maintain AALAS Global Partner status. Membership is for 12 months following receipt of payment.

A nonprofit individual membership association based outside of the United States with a purpose consistent with AALAS' mission may apply for global partnership with AALAS by submitting this form to the AALAS national office for formal approval by the Board of Trustees (BOT) at one of its scheduled meetings; see the Leadership section of the AALAS website for upcoming meeting dates. Global Partner (GP) status is authorized by a two-thirds vote of the BOT; you will be informed in writing of the BOT's decision immediately following the meeting.

## Global Partner Benefits

- One Gold individual membership (see [www.aalas.org/association/membership.aspx](http://www.aalas.org/association/membership.aspx) for individual member benefits).
- Eligibility for free booth space at the AALAS National Meeting.
- One complimentary National Meeting registration (booth attendant or meeting attendee).
- Access to AALAS Learning Library packages (up to 175 accounts) at the AALAS member rate.
- AALAS member rate on purchases from the AALAS Bookstore.
- AALAS member rate on AALAS conferences for GP association members.
- An invitation for one delegate from each GP organization to serve on the Global Partners Advisory Council (GPAC) and to attend the GPAC meeting at the GP's expense.

- Eligibility to rent the AALAS mailing list.
- Web link on the Affiliate and Related Organizations page of the AALAS site.
- An invitation to submit a final report for the AALAS BOT Annual Session and to observe the Leadership Summit and the AALAS BOT Annual Session at the GP's expense.

## Contact Person

The Gold Member is the contact person for your membership. This person receives the invoice for the membership renewals.

## Global Partner Name \_\_\_\_\_

## Contact Person

Receives a complimentary Gold membership.

► **Business Address:** This information will appear in the Reference Directory. You can customize your directory listing by logging in to the Member Center on [www.aalas.org](http://www.aalas.org).

Mr.  Ms.  Dr. First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Company Name \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Occasionally we make our mailing list available to AALAS' affinity programs and to AALAS commercial members, who offer products and promotions that may be of interest to you. If you prefer **NOT** to receive such mailings, please check the following box:

► **Delivery Options:** Customize where you receive AALAS publications and communications. This address will also be used to determine your voting district.

Send AALAS mailings and election ballot emails to:  Business address (above)  Home address (enter below)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email\* \_\_\_\_\_

\* Your election ballot email must be a unique, individual address: [joe.smith@company.com](mailto:joe.smith@company.com), not [info@company.com](mailto:info@company.com).

## Payment Information & Application Verification

Payment must accompany paperwork. Make checks payable to: AALAS. Payments from outside the US must be paid in USD and issued from a US bank. Call 901-754-8620 for details on wire transfers/EFT. There is a \$25 fee to change payment method and for returned checks. No cancellations accepted on membership orders.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |      |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|------|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |      |  |  |  |  |  |
| Account Number—please include all digits |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |      |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Month           |  | Year |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Expiration Date |  |      |  |  |  |  |  |

- Check# \_\_\_\_\_  Money Order  VISA
- AmEx  MasterCard  Discover

## ► AALAS Foundation Contribution

Optional.

- One-time contribution to the Foundation enclosed (enter amount below).
- Send me information about making an annual Foundation contribution.

## ► Payment Enclosed

Dues \$ 400

Foundation donation \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

## ► Cardholder Contact Info

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Signature \_\_\_\_\_

## ► Application Verification

**Statement of Intent:** My organization hereby applies for Global Partner affiliate membership in the American Association for Laboratory Animal Science. (Signing constitutes consent to receive email, mail, and faxes from AALAS.)

Contact Person Name

Signature

Date

Please include a copy of your organization's constitution and bylaws with your application form.

Submit application and payment to AALAS, 9190 Crestwyn Hills Dr, Memphis TN 38125. Fax 901-753-0046. Questions? Call 901-754-8620 or email [info@aalas.org](mailto:info@aalas.org).

# AALAS Global Partner Affiliate Officer Roster

Affiliate organizations are required to provide a list of current officers to the AALAS office each year with the renewal form. AALAS may also request this list at other times throughout the year. Please type or print. Submit completed form to Carolyn Campbell at the address below.

Global Partner Organization \_\_\_\_\_

Submitted By \_\_\_\_\_ Date \_\_\_\_\_

Global Partner Contact Person \_\_\_\_\_

## President

Name \_\_\_\_\_

Title \_\_\_\_\_  
*If other than President*

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date term of office expires \_\_\_\_\_

## Secretary

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## President-Elect

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## Treasurer

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Submit application and payment to AALAS, 9190 Crestwyn Hills Dr, Memphis TN 38125. Fax 901-753-0046. Questions? Call 901-754-8620 or email [info@aalas.org](mailto:info@aalas.org).